	_ EXPEN	ISE CL	AIM				uctions a								
STD. 262 (REV						Stateme	nt on Rev	PLOYEE NU			DEPARTME	Page	: 1	of	1
Bismarck Obando															
POSITION CB/ID NUMBER							DIVISION OR BUREAU					iors Offic	INDEX NUM	BER	
Director of External Affairs							Externa	External Affairs							
RESIDENCE AD	DRESS							TERS ADDRE	ss				TELEPHONE	NUMBER	
State Capitol												,			
CITY STATE ZIP							CITY STATE						1	ZIP	
Sacramento CA 95814															
						MEALS			TRANSPORTAT			TION			
MONTHYBER		LOCATION				ĺ					CARFARE,			BUSINESS	TOTAL
V	101	WHERE EXPENSES		LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSES
DATE	TIME	WERE	INCURRED	-	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
11/9/09	8AM-6 PM	Sac. &	San Jose							300	6.00	205	/ / / / / /		
	1			<u> </u>							6.00	285	126.83		132.8
11/10/09	8AM-10PM	Sac. &	LA	ļ			18.00		317.20	Air	54.15	5	0.00		389.3
				-											
									-				0.00		0.0
						1000							0.00		0.00
									10 300		No.				
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													0.00		0.00
													0.00		0.00
	SUBTOTA	ALS		0.00	0.00	0.00	18.00	0.00	317.20	0.00	60.15	285	126.92	0.00	
COLUMN CO			ONLY)				10.00	0.00	317.20	0.00	00.13	283	126.83	0.00	
					The state of the state of										
	CLAIM TO										-			\$52	2.18
PURPOSE C												NORMAL V	VORK HOL	JRS	
1. Travel to															
2. Travel to	Los Ange	les to me	eet with e	ducation	stakehol	lders re:	RT3 and	LA Time	es Ed Bo	ard		PRIVATE V	EHICLE LI	CENSE NUI	MBER
			1000								ĺ	MILEAGE F	RATE CLAII	MED	
												0.445			
													CY ACCO	UNTING O	DEFICE
HEREBY CERT	IFY, That the at	bove is a true	e statement of	f the travel ex	openses incur	red by me in	accordance v	with DPA rule	s in the servi	re of the Stat	e of			ONLY	
California. If a p															
greater than the										was equal to	or	PAID BY	REVOLVING	FUND CHECK I	NUMBER
				nements as p	rescribed by	SAM Section	15 0750, 0751	,0752, 0753	and 0/54			2	1115	795	
certaining to veh		car belt usag	29-29-		T.	DATE /	, 1	SIGNATURE	OF OFFICER A	APPROVING TI	RAVEL AND D	IAVMENT	-10	(()	
				_	ľ	11/1	/_ [SIGNATURE C	or orrices.	PPRIJUIGI, II	AVOL! YNIL	NOMENT		DATE /	1
				MODEL	1	"//2	1071							11/20	100
IGNA: O: 11	ILE UF AUTHOR	RITY FÖR SPE	ECIAL EXPENS	SES										DATE	1
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